

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		5		1			52				
3		2		1			53				
4		2		1			54				
5		2		1			55				
6		2		1			56				
7		2		1			57				
8		2		1			58				
9		1		1			59				
10				1			60				
11			1				61				
12				1			62				
13							63				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			10				TOTAL DEP.				
TOTAL CLAIMS			12				TOTAL CLAIMS				